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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Myanmar

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Myanmar for the period from 1996 to 2000 in the amount of $32,500,000 from general resources, subject to the availability of funds, and $23,500,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $3,230,000 to fund the approved country programme for the period from 1991 to 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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I. THE SITUATION OF CHILDREN AND WOMEN

1. Myanmar is a least developed country with per capita gross national product (GNP) of about $220. Since 1989, the country has moved gradually towards an open market economy, with reported foreign investments of $707 million in 1993-1994 and a GNP growth rate of 6 per cent in 1993. That investment has initially been concentrated in the tourism and consumer product sectors. The population of 44 million is estimated to be growing at an annual rate of 1.8 per cent; 72 per cent of the population live in the seven divisions of the country where communications and public services are relatively more advanced, with the remaining 28 per cent living in the seven ethnic minority states.

2. Because there is a shortage of social and economic data on Myanmar, it is often difficult to assess trends over the last decade and analysis must sometimes be based on field observations alone. Until 1991, the infant mortality rate (IMR) and under-five mortality rate (U5MR) were assessed officially at 47 and 91 per 1,000 live births, respectively. However, after a reassessment of available data, IMR was readjusted to 94 and U5MR to 147 per 1,000 live births. In terms of disparity, IMR is estimated at 27 per 1,000 live births for the capital division of Yangon and well over 100 for three ethnic minority states. Diarrhoeal diseases, respiratory infections and malaria, often compounded by malnutrition, are the major causes of infant and young child deaths. The maternal mortality rate (MMR) is estimated to be 140 per 100,000 live births, with considerable regional disparities. Almost one half of maternal deaths are related to abortion of unwanted pregnancies.

3. About 37 per cent of young children suffer from protein-energy malnutrition (PEM), of whom 11 per cent are severely malnourished. The diets of many children and families are deficient in vitamin A, iron and iodine. Breast-feeding is practised almost universally, although it does not always begin early enough nor is it continued exclusively for four to six months. Inadequate weaning practices and inappropriate weaning foods contribute to young child malnutrition.

4. The human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are on the rise, with a potentially disastrous impact on the lives of young people and families. Although only 261 cases of full-blown AIDS and fewer than 7,500 HIV-positive cases had been confirmed by 1993, the World Health Organization (WHO) has estimated that the number of HIV-positive cases could be as high as 500,000. Early studies reveal that young people working as fishermen, truck drivers, traders, day labourers and miners, as well as their wives or partners, are particularly at risk. National plans and programmes on HIV/AIDS control have expanded rapidly since 1993.

5. Myanmar has a widespread primary school network, but in remote areas of the states there are communities without schools. Some 39 per cent of children never enrol in primary school and only 25 per cent complete the five-year cycle. Based on field observations, drop-out rates for girls seem to be somewhat higher in some areas of the country. Repetition rates are also high. There has been relatively little progress in primary enrolment and completion in recent years,

indicating the magnitude of the challenge presented by the goal of education for all.

6. Water-borne diseases such as hepatitis, cholera and other diarrhoeas are prevalent in some areas of the country and account for considerable young child mortality and morbidity. Although the number of families with access to safe water has increased gradually over the last decade, only 39 per cent of the population had access to safe drinking-water and 42 per cent to sanitary latrines in 1993.

7. There are disparities between children in different areas of the country. The overall situation of children in core urban areas tends to be considerably better than in urban resettlement and rural areas. Most indicators of health, nutrition and education suggest that children in the seven central divisions of the country are generally better off than children in the peripheral states, where most ethnic minority groups live. In the most remote border areas, some ethnic communities have had virtually no public services because of armed conflicts and problems of accessibility. Some government services and programmes run by non-governmental organizations began to reach a few of those groups in 1992.

8. Myanmar has made considerable progress towards some of the 12 relevant mid-decade goals for children, but will have difficulty in achieving others because of the lack of a sufficient social service infrastructure and of resources for programme and project development. With the immunization rate at 71 per cent in 1994, the goal of 80 per cent probably will be achieved by the end of 1995 with a major effort in the states. With this progress, the goals for reducing morbidity and mortality due to measles and the elimination of neo-natal tetanus may be achieved within a few years. With less than 20 per cent of salt currently iodized, the goal of universal salt iodization would be extremely difficult to achieve, but some policy focus, support to salt producers and mass education promise success within a few years. Although achieving the mid-decade goals of eliminating vitamin A deficiency and of 80 per cent use of oral rehydration therapy would require tremendous efforts, policy and programme focus on both areas were sharpened during 1994. About one third of Myanmar's children under five years of age suffer from moderate or severe malnutrition. A much sharper policy focus and a national plan will be needed to achieve the malnutrition reduction goal. The country is on schedule to certify all 92 of its major hospitals as "baby-friendly". A major programme is in place to reduce the number of children out of school, but it will not have a full impact on primary school enrolment for several years. Achievement of the goals for the year 2000 will depend on intensified national commitment in such areas as basic education, nutrition and water supply and sanitation. In several cases, indicators will have to be established and monitoring and data systems strengthened to monitor the situation of children and women and progress towards the country's goals.

9. In 1991, Myanmar signed the Declaration and Plan of Action of the World Summit for Children. In September 1993, the National Programme of Action (NPA) for the Survival, Protection and Development of Myanmar's Children in the 1990s was completed. In July 1991, Myanmar acceded to the Convention on the Rights of

the Child, and two years later, the country's Child Law was promulgated. An Intersectoral Committee on the Rights of the Child has been formed.

10. In moving beyond its traditional support to service delivery, UNICEF directly advocated Myanmar's signature of the World Summit Declaration and accession to the Convention on the Rights of the Child, and also encouraged review and reporting on implementation of the Convention. UNICEF has encouraged the emerging group of both national and international non-governmental organizations to focus on the basic health, nutrition and welfare needs of families and children; advocated and supported the work of international non-governmental organizations in the country; and supported capacity-building for national non-governmental organizations so that they could become knowledge and action centres for children in Myanmar. UNICEF also has participated in a number of United Nations inter-agency initiatives in such areas as water supply, sanitation, nutrition and HIV/AIDS.

II. PROGRAMME COOPERATION, 1991-1995

11. UNICEF assistance to the children and women of Myanmar has continued uninterrupted for more than four decades, despite changing political and economic circumstances. UNICEF assistance has included support for the development of local capacities to provide maternal and child health services. UNICEF has become an advocate for the nation's children, encouraging policies that empower communities and families with the information they need for the survival and development of their children. UNICEF cooperates with a number of national and international non-governmental organizations in the areas of service delivery, advocacy, community awareness and local capacity-building. Such key national non-governmental organizations as the Myanmar Maternal and Child Welfare Association, the Myanmar Medical Association and the Myanmar Red Cross have been responsive to those concerns.

12. The elaboration of specific, time-bound goals in the NPA has provided a sharper focus for the current programme of cooperation. The goals corresponded closely with the 17 objectives of the 1991-1995 country programme of cooperation, which addressed infant, under-five and maternal mortality; PEM; access to safe water supplies and sanitary latrines; primary school enrolment and school drop-outs; and access to services for young children. The country programme has emphasized universal coverage and disparity reduction.

Health

13. UNICEF cooperation has served as a catalyst to help increase immunization coverage from 68 per cent in 1990 to 71 per cent in 1994. Until 1992, the immunization programme was operational in 209 out of 320 townships in the country, covering 80 per cent of the population. In 1993 and 1994, attempts were made not only to increase coverage in those 209 townships, but also to increase to 302 the number of townships with immunization services. In the additional 93 townships, solar refrigerators were provided to areas without electricity. Immunization activities were launched in newly peaceful areas through training, the provision of cold-chain supplies and bicycle transport. In areas with insufficient rural health staff, services were extended through a

new category of locally recruited indigenous auxiliary nurse midwives who work in their own areas. With those developments, it is projected that 80 per cent immunization coverage will be achieved by the end of 1995.

14. The child survival project provided training in a range of child survival, health and nutrition skills to some 6,400 midwives, who serve as multi-purpose front-line health workers. The training focused particularly on immunization, diarrhoeal diseases, respiratory infections, growth monitoring and prenatal care.

15. With support primarily from WHO and the United Nations Development Programme (UNDP), a national HIV/AIDS control programme was developed in 1992. To address the growing HIV/AIDS problem, a new project providing reproductive health education for youth and women was initiated with support from UNICEF global funds late in 1993. The project also strengthens services for the treatment of sexually transmitted diseases. By the end of 1994, it was operating in 15 townships to provide life skills education to an estimated 2,000 young people and women who will serve as peer educators.

Nutrition

16. Growth monitoring of children under three years of age is taking place in 31 per cent of all villages in Myanmar, with increased attention to follow-up action for children with faltering growth.

17. Under the Baby-Friendly Hospital Initiative introduced in 1992, good progress has been made in promoting optimal breast-feeding in terms of early initiation, proper duration and exclusive breast-feeding for the first four to six months. Following technical planning and training sessions with leaders and assessors of pilot hospitals, 45 hospitals had been assessed against international standards and certified "baby-friendly" by the end of 1994. All 92 of the country's major hospitals are targeted for certification by the end of 1995. To promote optimal breast-feeding for the 80 per cent of babies delivered at home, the Baby-Friendly Home Delivery project was launched. Midwives are trained to help mothers understand the benefits of exclusive breast-feeding and to begin breast-feeding immediately after delivery.

18. Myanmar Salt Enterprise has increased the production of iodated salt from 2,500 tons in 1991 to 10,000 tons in 1994. Sixty private producers have been trained in iodation, of which 40 had received equipment and 5 had begun production by the end of 1994. Red Cross volunteers and other non-governmental organization groups began to promote the use of iodated salt in 1994. Despite considerable UNICEF advocacy, legislation on salt iodation was not yet in place by the end of 1994.

Water supply and sanitation

19. Between 1991 and 1994, the water supply and sanitation programme provided approximately 480,000 households with safe drinking-water, benefiting 2.8 million people. Shallow tube wells with hand-pumps were constructed in many areas of lower Myanmar, while deep tube wells were constructed in the area of the country known as the Dry Zone. A number of communities in the Chin and Shan

states were provided with spring-fed, gravity-flow water systems. A total of 293 rural health centres and 444 primary schools were provided with clean water supplies and about 6,300 caretakers and maintenance workers, as well as a number of technicians, were trained.

20. In order to improve household and community sanitation, UNICEF has supported the construction and use of sanitary latrines. This project has involved cooperation between families, who provided labour and local materials, the Department of Health, which provided motivation and technical assistance, and UNICEF, which provided plastic latrine pans. Between 1991 and 1994, 550,000 households constructed sanitary latrines, covering 3.3 million people. Another 2,600 units were constructed in primary schools and rural health centres.

Education

21. The Continuous Assessment and Progressions System (CAPS) project, which introduced a new interactive approach to teaching, was initiated in 1991 in 44 primary schools. CAPS also has trained teachers to assess regularly the learning achievement of children so that they can make continuous progress towards completion of primary education. Based on the initial experiment, the CAPS approach was expanded to cover a total of 3,070 schools and 450,000 children. CAPS has been adopted by the Ministry of Education to replace the prevailing system of rote learning and single, year-end examinations.

22. In 1994, the All Children In School (ACIS) project was started in 1,500 schools in 10 townships. It is directed towards the goal of universal enrolment and aims at orienting and mobilizing teachers, school heads, parent-teacher associations, community leaders and local education officers to bring non-enrolled children into school with regular attendance. CAPS and ACIS are complementary in that ACIS promotes community support to bring all children into school, while CAPS strengthens school management and learning among the children who enter school.

Child rights and children in especially difficult circumstances

23. While there has been some exploratory work in this area, it was not specifically defined at the outset of the country programme. Beginning in 1994, an initial study of street children was undertaken by several non-governmental organizations, as was one on children and women working in the informal sector. The findings will provide the basis for project formulation for the new country programme.

Constraints and lessons learned

24. There have been a number of underlying constraints to the achievement of the mid-decade goals and the objectives of the current country programme. Myanmar has allocated only limited government resources to social sector programmes and there has been virtually no bilateral support for the social sectors during the period. Because both health and education services have functioned for several decades on the principle of free services, the concept of cost-sharing has been slow to take hold at both official and community levels. Finally, many areas of the country, particularly in the states, have been

inaccessible for service delivery and development because of insecurity and/or lack of roads or other means of transportation.

25. Programme implementation, in terms of activities, inputs, outputs and expenditures, was monitored by UNICEF at the project level virtually month by month. UNICEF staff have visited projects in all states and divisions. Annual and mid-term reviews were held, involving all participating sectors, non-governmental organizations and other United Nations agencies.

26. The exercise of its advocacy role has been particularly challenging for UNICEF in Myanmar. Selectively sharing the experiences of other countries in the region has been helpful in promoting new ideas. The disparity between service delivery in the divisions and the states became evident in such fields as immunization, basic health services and primary education. This recognition has highlighted the need for universal coverage and disparity reduction. In addition, the importance of enhanced community participation in addressing the needs of children and families has been recognized and creative means of reaching out to communities and families had to be explored and tested. The emerging problem of HIV/AIDS will have a major impact on family and child health and welfare in the second half of the present decade. Myanmar's emerging non-governmental organizations have demonstrated their concern for the needs of unserved population groups and a readiness to address them. It is clear that they can play a major role in community-level activities, motivation and mobilization. This experience has been carried forward in developing the new country programme.

III. RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1991-1995

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995	Total
1991-1995	25 000	3 230	3 230

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

27. The Myanmar country programme for the period 1991-1995 was approved by the Executive Board in 1991 with an allocation of $25 million from general resources (E/ICEF/1991/P/L.14). Based on the availability of additional general resources, the reassessment of data on IMR and U5MR and programme needs, the annual planning level has been increased from $5 million to $5,500,000 for the period 1992-1994 and to $6,500,000 for 1995. Additional general resources in

the amount of $200,000 were made available during the period to facilitate and accelerate priority activities contributing to the achievement of selected mid-decade goals, including the extension of universal child immunization to border areas, the promotion of the Baby-Friendly Hospital Initiative, early childhood development activities, expansion of water supply and sanitation in deprived areas and the introduction of ACIS. Additional general resources in the amount of $3,200,000 are being requested for 1995 in order to maintain the annual planning level for Myanmar at $6,500,000.

28. Following the mid-term review of the current country programme in October 1993, the programme was restructured to achieve selected mid-decade goals. The immunization programme has been expanded to cover all townships in order to achieve 80 per cent coverage throughout the country by the end of 1995. Safe motherhood activities will be intensified in 1995 and closely linked with the neonatal tetanus elimination plan. "User-friendly" clinics, operated by non-governmental organizations in accessible areas to provide HIV/AIDS education and counselling to high-risk groups, will be extended from 15 to 25 townships in 1995. All 92 hospitals will be certified as "baby-friendly" and the Baby-Friendly Home Delivery Programme will be intensified. The empowerment of communities and families will be emphasized in the preventive nutrition, health care and household food security projects.

29. ACIS aims to increase enrolment of out-of-school children and to promote regular attendance and completion in 1,500 primary schools. CAPS will address the problems of high rates of failure, repetition, drop out and low retention in 3,070 rural primary schools. Parent-teacher collaboration, effective teaching and learning methods and learning materials for supervisors, teacher trainers, primary teachers and students will be emphasized.

30. The safe supply water and sanitation programme will intensify actions for changing attitudes and behaviour pertaining to safe water, the disposal of human excreta and personal hygiene. A nationwide survey and inventory of water supply and sanitation facilities will provide baseline data for monitoring progress towards the goals for the year 2000. With priority going to remote and deprived areas in the states, more primary schools and health centres will be provided with safe water and sanitation facilities. Schoolchildren will be motivated to act as agents of change by communicating health messages to their families.

31. The children in an especially difficult circumstances project will focus on drafting a training programme and guidelines on such children; completing studies on street children, working children and working women; and initiating studies of child abuse, juvenile delinquency and rehabilitation and the care of children affected by insurgencies and disabilities. A national workshop will be organized on children in especially difficult circumstances, and key partners will be trained.

32. Advocacy, through meetings, workshops, and publications, will concentrate on strengthening the commitment of decision makers and non-governmental organization leaders to addressing priority problems of children and women and on preparing subnational plans of action for implementation and monitoring of the NPA. Information and communication activities will concentrate on developing field workers' basic communication skills using a participatory

approach. Training and communication materials will support face-to-face communication and mass media for disseminating information on nutrition, oral rehydration therapy, immunization, the use of iodated salt, water supply and sanitation and education.

IV. RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources: $32,500,000
Supplementary funding: $23,500,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	13 000	11 000	24 000
Water supply and sanitation	6 300	7 500	13 800
Education	6 400	5 000	11 400
Children in especially difficult circumstances	1 500	-	1 500
Social mobilization and advocacy	2 150	-	2 150
Planning and social statistics	3 150	-	3 150
Total	32 500	23 500	56 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

33. The proposed country programme is based on the Convention of the Rights of the Child and the NPA, as well as on the accumulated experience of cooperation in Myanmar to date as most recently assessed in the mid-term programme review. During the first half of 1994, UNICEF, relevant sectors and non-governmental organizations joined together in workshops on programme strategy and project formulation where the overall content of the country programme was outlined. An advisory committee of distinguished persons from sectors, non-governmental organizations and the United Nations community reviewed the programme's approach and content, and a Myanmar/UNICEF Steering Committee guided the overall work on programme formulation. A preview of the entire draft programme took place in

August 1994 with seven ministries, United Nations agencies, non-governmental organizations and embassy representatives of 14 members of the Executive Board.

National goals for children

34. The NPA goals for the year 2000 are (a) to reduce IMR to not more than 50 per 1,000 live births, U5MR to not more than 70 per 1,000 live births and reduce MMR to not more than 70 per 100,000 live births; (b) to achieve and maintain a full immunization coverage rate of over 90 per cent in all states and divisions; (c) to reduce levels of severe and moderate malnutrition in children under three years of age to not more than 5 and 13 per cent, respectively; (d) to eliminate iodine deficiency disorders and vitamin A deficiency; (e) to raise the rate of access to safe drinking-water to 100 per cent and ensure that all households use hygienic latrines; (f) to ensure that 100 per cent of primary-school-age children are enrolled in school and at least 80 per cent of them complete standard four; and (g) to empower parents, families and local communities with the knowledge, attitudes and skills needed to ensure the survival and development of their children, especially in unserved border and other areas.

35. The objectives of the country programme are to advocate on behalf of all children through support for universal coverage, while emphasizing the specific needs of girls and women. It will also aim to strengthen sustainable approaches and to promote convergence among the various programmes, especially to reduce regional disparities in the situation of children and women. Within this framework, each programme specifies the contributions to be made through the programme of cooperation to Myanmar's achievement of its NPA goals by the year 2000.

36. The proposed level of supplementary funds amounts to almost 43 per cent of the proposed programme budget based on programme needs, particularly in the areas of health, water supply and sanitation and education. The degree to which the objectives of the proposed programme of cooperation will be achieved by the year 2000 will depend, to a great extent, on the degree of success in mobilizing national and external resources for the children and women of Myanmar.

Programme strategies

37. UNICEF will continue to intensify its efforts to promote the achievement of the goals of the World Summit for Children and the Convention on the Rights of the Child. Efforts will be made to enhance the capability of sectors and non-governmental organizations as focal points for the implementation of the NPA. UNICEF cooperation will comprise a mixture of the strategies for service delivery, selective capacity-building, particularly among non-governmental organizations, and public services at subnational levels and will encourage and support the empowerment of parents, women, families and communities with the knowledge and skills to address the needs of their children. Many of the following programme strategies complement those of other United Nations agencies working in Myanmar.

Advocacy for children

38. The country programme will advocate the principle of "a first call for children" on a nationwide scale. All parties agree that all possible efforts will be made to apply the maximum possible resources to child survival, development and protection.

Family and community empowerment

39. All projects are designed to have an impact at family and community levels. Child immunization, AIDS education, iodized salt, primary school upgrading and teaching, clean water and improved sanitation are benefits designed to have a direct effect on thousands of communities. Most UNICEF assistance either will reach community and family levels directly or will be designed to facilitate local level capacity-building and implementation. Examples of the latter include surveys for establishing baseline data, training of supervisors and front-line workers, cold-chain inputs, national advocacy and communications campaigns and capacity-building for non-governmental organizations.

Coverage

40. With an emphasis on universal coverage of basic services, combined with disparity reduction, projects such as advocacy, universal child immunization and safe water supply and sanitation will aim for national coverage, while at the same time providing greater support to selected states and townships with the greatest needs and weaker or non-existent service delivery mechanisms. Other projects such as ACIS and CAPS will focus on townships with low primary school enrolment and retention rates. The HIV/AIDS project will focus on 34 new townships in addition to the 25 townships already covered, thus reaching most of the country's urban population.

Constituency for children

41. National and international non-governmental organizations are emerging as major protectors of children in terms of advocacy and the promotion of basic services. Under this country programme, they will play an even greater role in taking knowledge, understanding, skills and inputs to the community level. The building of their capacity is a vital element of the country programme, as is their role in designing and implementing experimental projects to meet the needs of children and communities in diverse geographic and ethnic areas.

Disparity reduction

42. In order to progress towards the goal of universal benefits for all children and women, the country programme will continue to address significant geographic, ethnic, socio-economic and gender disparities. Special attention will be paid to unserved and underserved areas of the states and to the special needs of girls and women.

Communications and social mobilization

43. Successful advocacy and empowerment will rely on carefully planned communications and social mobilization initiatives involving public sector agencies, non-governmental organizations, religious groups, communities and the media. Extensive use will be made of popular video parlours and comic books, peer education and other existing channels of communication.

Building on experience

44. In the areas of immunization, the training of midwives, primary school teaching and rural water supply and sanitation, the aim will be to ensure quality and universal coverage. Work to control HIV/AIDS through reproductive health education, breast-feeding promotion and increasing primary schcol enrolment will require adaptation and innovation in light of experience to date. UNICEF will continue to advocate increases in national and external resources for human development, especially programmes for children. Initial experiences in communications and social mobilization will be used to support virtually all programmes.

Health

45. A set of 14 health-related goals in the NPA is the foundation for the health programme. Foremost among those goals are those pertaining to the reduction of IMR, U5MR and MMR.

46. The health strategy focuses on empowering parents, women, families and communities to take more responsibility for the survival and health of their own children. In order to reach all families in all areas, two new groups will be involved. First, a new category of health workers - auxiliary nurse midwives - will be recruited from the underserved areas to work there. Second, national and international non-governmental organizations will be encouraged to work more effectively at the local level in unserved areas. Their capacities to function as advocates for children and women, as well as to plan, implement and monitor health programmes, will be strengthened through the training of non-governmental organization staff in advocacy, community organization and mobilization, community education and the provision of technical assistance and supplies as appropriate for implementing community-based programmes.

47. The universal child immunization project aims to achieve 90 per cent coverage in every state, division and township by the year 2000. Immunization will be a vehicle for bringing health services to many unserved communities. Social mobilization and immunization days will enhance demand for immunization services. To reach the unserved areas, health staff will be trained and the cold chain will be developed at state and township levels. Non-governmental organizations will participate in promotional activities and directly support service delivery in selected areas where health services are weak. In those areas, health education, using Facts for Life, and iodated salt will be provided together with immunization.

48. Priority support will be provided to reduce young child deaths caused by diarrhoea by 45 per cent and those by acute respiratory infections by

25 per cent. An 80 per cent oral rehydration therapy use rate will be achieved and sustained. Priority will be given to providing parents with an understanding of the causes of diarrhoea and dehydration and with the skills needed to use oral rehydration therapy. Services for acute respiratory infections will be made available as close as possible to homes and local capacity for timely referral will be developed. Relevant knowledge and skills will be provided by trained midwives, auxiliary nurse midwives and community and non-governmental organization volunteers. Essential drugs will be provided and the involvement of local drug outlets will be sought.

49. The high MMR and other problems relating to women's health will be the focus of a women's health project. The major targets are to achieve 100 per cent access to safe delivery services, improved access to referral services for emergency obstetrical care and universal access to information on birth spacing. Life skills for adolescent girls will be enhanced to help protect their reproductive health and reduce the number of early marriages and teenage pregnancies. This activity will complement the HIV/AIDS prevention project.

50. Health services will be strengthened and families and communities empowered with health knowledge and skills in the border areas of Chin, Kachin, Kayin, Kayah, Mon, Shan and Rakhine states and in Sagaing division. Auxiliary nurse midwives from those areas will be trained. Health education materials in local languages and pictorial materials will be used in areas with high illiteracy rates. Education and other services will be adapted to the major child and family health problems prevailing in project areas. Where they are active, non-governmental organizations such as the Myanmar Maternal and Child Welfare Association and the Kachin Baptist Convention will participate in health education services.

51. The strategy aimed at the prevention of HIV/AIDS transmission will be continued. The diagnosis and treatment of sexually transmitted diseases will be introduced in maternal and child health services and strengthened within existing sexually transmitted disease units in high-risk towns. Local chapters of non-governmental organizations such as the Myanmar Red Cross, the Myanmar Maternal and Child Welfare Association and the Myanmar Medical Association will conduct intensive reproductive health and HIV/AIDS education focused on youth and women. Services will be expanded to cover 103 towns, serving 49 per cent of the country's urban population.

Nutrition

52. The NPA contains seven nutrition goals that are the basis of Myanmar/UNICEF cooperation. The programme's objectives are to reduce the incidence of severe and moderate malnutrition among children under three years of age; to reduce the rate of low-birth-weight babies; to virtually eliminate iodine and vitamin A deficiencies; and to enhance further optimal breast-feeding practices. Those objectives depend on actions at the household level involving food, health and care and will be supported by such cross-sectoral activities as the control of diarrhoeal diseases and acute respiratory infection, women's health, environmental sanitation, primary education and programme communications.

53. Both empowerment of families with knowledge and skills and community mobilization will be central to the overall nutrition strategy. For example, family food production, dietary diversification and the dissemination of practical information on balanced diets and local food resources will be promoted through home, community and school gardens. Non-governmental organizations such as the Myanmar Red Cross will play an active role, particularly in promoting and monitoring the availability and use of iodated salt. UNICEF will support surveys and provide training costs, as well as garden tools, seeds, education and information materials, scales for growth monitoring, potassium iodate and vitamin A and iron supplements.

Water supply and sanitation

54. Within the framework of the NPA goals of universal access to safe drinking-water and safe means of disposal of human excreta, the objectives of the programme will be to increase safe water coverage from 43 to 81 per cent and sanitation coverage from 45 to 80 per cent.

55. Because of the scope of progress required, the strategy calls for cost-sharing with communities, participating agencies and donors. A community self-help approach will be complemented by further involvement of non-governmental organizations and the private sector in providing safe water. Awareness of and demand for improved water supply and sanitation will be stimulated through a nationwide community education and mobilization initiative. Increased participation by women in project planning, implementation, operation and maintenance will be sought. Full achievement of the goals will require major inputs in the form of national budgetary allocations, UNICEF supplementary funding and other external assistance. As part of a United Nations inter-agency group on water supply and sanitation, UNICEF will continue to support policy development and the strengthening of institutional structures for the sector.

56. UNICEF will assist with the construction of 57,900 shallow and 4,600 deep tube wells as well as gravity-flow, irrigation dam and rainwater schemes in communities. In addition, 5,800 primary schools and rural health units will be served and 12,000 additional hand-pump caretakers will be trained. UNICEF inputs will include pipes, fittings, hand-pumps, materials for local hand-pump manufacture, training materials and technical assistance.

57. The major effort in the area of environmental sanitation will be long-term, nationwide support to communication, education and motivation for hygiene and sanitation. Based on a 1992 sanitation study and the communication strategy formulated in 1993, a few simple messages on hygiene and sanitation will be disseminated through all relevant channels, including schoolteachers, health workers, non-governmental organizations, radio, television and video. The aim will be to motivate families to improve hygiene and sanitation practices, and the programme will include the construction of 3.2 million household latrines. UNICEF will provide 252,000 plastic latrine pans for poor, underserved communities in the states, while other communities will pay for pans to encourage a self-help approach. The programme will rely on a self-learning package and inputs from local leaders, families, communities and non-governmental organizations.

Education

58. Within the framework of the NPA goals of universal access to basic education and 80 per cent completion of primary education, the objectives of the proposed programme are to cover all children through the ACIS project and 7,500, or 21 per cent of rural schools, through the CAPS project.

59. The ACIS project will promote increased enrolment at the village level through teachers, parent-teacher associations, community leaders and assistant township education officers. Their efforts will be complemented by a national school enrolment mobilization campaign, a part of which will be to establish individual school and township enrolment targets. Schools will be offered incentives to achieve those targets, including new roofing, improved water supply and sanitation, basic teaching kits and teaching aids.

60. Students from poor families will be exempted from even modest parent-teacher association fees and will receive free textbooks and exercise books. Where necessary, school lunches will be provided for these children from the produce generated from school gardens that are supported by UNICEF as part of the nutrition programme. The CAPS project will continue to strengthen teaching and learning in primary school classrooms. Relevant teacher training will be decentralized and a system of school clusters with a central resource centre will be introduced to provide schools and teachers with more information, teaching materials and peer training. More emphasis will be given to parent-teacher collaboration, improved classroom management and optimal teaching and learning methods.

Child rights

61. The rights of the child are a major foundation of the present country programme. While relevant themes of promoting and protecting one or more rights of children are incorporated into all programmes, overall implementation of the Convention on the Rights of the Child will be supported through the child rights project. In areas where specific projects do not yet exist, support will be given to undertake the necessary reviews and surveys to develop a better understanding of the nature and scope of problems. This includes some areas of children in especially difficult circumstances and juvenile justice. Wide dissemination of the provisions of the Convention and of Myanmar's Child Law also will be undertaken.

Children in especially difficult circumstances

62. Some needs of children in especially difficult circumstances will be identified through surveys and will be met through health, nutrition, education and water supply and sanitation projects. The extension of services into border areas will address the critical needs of many unserved children. The primary education projects are intended to draw street children and other disadvantaged groups into school. Surveys and applied research will be undertaken on street, working, disabled and abused children, with the active participation of non-governmental organizations. Based on their findings, preventive, rehabilitative and reintegration activities will be designed and put into operation by non-governmental organizations and selected local authorities.

Community education also will be undertaken to raise awareness of the situation and needs of these groups of children.

Advocacy, information and communication

63. UNICEF advocacy will promote the rights of the child and the decade goals for children at policy, planning, project formulation and implementation levels, with a more effective use of monitoring, communication and social mobilization initiatives.

64. A cross-cutting effort on family empowerment for child development will be incorporated into health, nutrition, water supply and sanitation and education programmes. Beginning with selected townships, this project will aim to reach 90 per cent of all families with information and skills for assessing children's needs and for taking action using low-cost preventive measures and existing services. Township-level teams of community facilitators drawn from non-governmental organization members, religious groups and service workers will be trained in problem identification and support communications. They will draw on the information base and social indicators being developed to strengthen the monitoring system. The Myanmar and local language editions of Facts for Life will be a major resource.

Support to partners

65. Non-governmental organizations will be critical partners in the implementation of the present country programme. However, until recently, many of Myanmar's national non-governmental organizations have had relatively little contact with the international community and with organizations working in other countries. Through workshops, technical assistance, training, sharing of documentation and study visits, UNICEF, in partnership with relevant international non-governmental organizations, will support capacity-building for non-governmental organizations of Myanmar in such areas as situation analysis, goal definition, plan formulation, communications, proposal and report writing, fund-raising and agency management.

Programme management

66. The UNICEF Representative in Yangon has a team of 21 national and international Professional staff. In view of the community focus of the programme, three national officers will be outposted to provide direct support to project development, monitoring and implementation, particularly in the underserved states. UNICEF staff will continue direct monitoring of project inputs and progress through extensive travel to all states and divisions of the country.

Monitoring and evaluation

67. Because data and systems to monitor the situation of children are inadequate, pilot information bases will be developed initially in selected townships and used for situation and programme monitoring at the local level, as well as to develop a national monitoring system. A statistical profile of Myanmar's children will be updated every two years. Progress towards the goals

will be accomplished through an established system of monitoring of goal status, project reports and annual and mid-term reviews. The organizational strategy of involving ministries, local-level non-governmental organizations and United Nations agencies will also be assessed during the mid-term review.

68. Monitoring and assessment of programme progress involves a number of mechanisms. Project inputs and expenditure are monitored comprehensively by UNICEF on a monthly basis. Annual and mid-term reviews will examine accomplishments and constraints, and adjustments to projects will be made as appropriate. Each project and the country programme as a whole are dynamic in character, ready for adjustment in strategy and inputs as soon as experience indicates this necessary.

Cooperation with other partners

69. WHO, UNDP and the Food and Agriculture Organization of the United Nations (FAO) have contributed directly to the framing of the country programme, drawing on their long-standing cooperation in Myanmar. All four agencies cooperated in follow-up to the International Conference on Nutrition and the resulting draft plan of action has been used to link agency programmes. UNDP and UNICEF have a formal agreement on convergent programme development in Myanmar. UNDP, UNICEF, WHO and the United Nations Population Fund (UNFPA) cooperate closely in the area of HIV/AIDS prevention. UNICEF, UNDP, WHO and the United Nations Centre for Human Settlements have cooperated on a joint review of the water supply and sanitation sector and their recommendations have been incorporated in the present recommendation.

Table 1. Basic statistics on children and women

Myanmar	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	111	(1993)	High U5MR
Infant mortality rate	81	(1993)	High IMR
GNP per capita	$ 220	(1987)	Low-income GNP
Total population	44.6 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	1103	1233	1397	1446
Infant deaths (under 1)	(thousands)	142	130	122	117
Under-five deaths	(thousands)	196	180	168	160
Under-five mortality rate (per 1,000 live births)		178	146	120	111
Infant mortality rate (under 1) (per 1,000 live births)		129	105	88	81

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1981/1991))	Moderate & severe	47 *	37 *
	Severe	..	11 *
Babies with low birth weight (%, 1984/1987)		17	16
Primary school children reaching grade 5 (%, 1970)		27	..

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%)	..	..
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%, 1981/1991)	33 *	11 *
Prevalence of stunting (0-59 mos.) (%, 1981/1991)	48 *	40 *
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	108	114
Total goitre rate (1990)	..	18
Household expenditure (% of total income) All food/cereals	..	.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1993)		21	37
Access to health services (% of population, 1980/1992)	Total	50	60
	Urban/rural	100 / 31	100 / 47
Access to safe water (% of population, 1980/1993)	Total	21	39
	Urban/rural	38 / 15	39 / 39
Access to adequate sanitation (% of population, 1980/1993)	Total	21	42
	Urban/rural	38 / 15	46 / 41
Births attended by trained personnel (%, 1988/1990)		57	68
Maternal mortality rate (per 100,000 live births, 1981)		460	..

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	15	22	75	80
	DPT	5	8	69	73
	Polio	..	1	69	73
	Measles	..	..	73	71
Pregnant women (%) immunized against:	Tetanus	6	13	54	66

* Aged 0-36 months.

Table 1 (continued)

Myanmar

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	91 / ..	105 / ..
	Male	93 / ..	107 / ..
	Female	89 / ..	104 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	22 / ..	23 / ..
	Male	.. / ..	23 / ..
	Female	.. / ..	23 / ..
Adult literacy rate, 15 years & older (%, 1983/1990)	Total	79	81
	Male/female	86 / 72	89 / 72
Radio/television sets (per 1,000 population, 1980/1991)		23 / 1	82 / 2

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	27102	33821	41825	44613	51567
Population aged 0-15 years	(thousands)	11749	14146	16790	17696	20058
Population aged 0-4 years	(thousands)	4278	4800	6021	6340	6837
Urban population (% of total)		22.8	24.0	24.8	25.7	28.4
Life expectancy at birth (years)	Total	49	52	56	58	61
	Male	47	50	55	56	60
	Female	50	54	58	60	63
Total fertility rate		5.9	5.1	4.3	4.1	3.6
Crude birth rate (per 1,000 population)		40	37	33	32	29
Crude death rate (per 1,000 population)		17	15	12	11	9

		About 1980	Most recent
Contraceptive prevalence rate (%, 1988/1991)		13	17
Population annual growth rate (%, 1965-1980/1980-1993)	Total	2.2	2.1
	Urban	3.1	2.7

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980)		1.6	..
Inflation rate (%, 1970-1980/1980-1992)		11	15
Population in absolute poverty (%, 1978)	Urban/rural	40 / 40	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1980/1991)	Health/education	5 / 11	7 / 17
	Defence	22	22
Household expenditure (% share of total, 1986/1989)	Health/education	2 / 2	3 / 1
Official development assistance: (1981/1992)	$US millions	284	126
	As % of GNP	5	..
Debt service (% of goods and services exports, 1982/1992)		26	11

Table 2. Expenditure under previous cooperation period, 1991-1995 a/

COUNTRY: MYANMAR
LATEST BOARD APPROVAL: 1991
GENERAL RESOURCES: $25 000 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	7 602	1 811	597	9	109		2 791	192	11 099	10 000	2 012	10 000	13 111	20 000
Water supply and sanitation	5 604	808	41	6	639	5	1 040	8	7 324	7 500	827	5 000	8 151	12 500
Education and early child development	1 609	2	181	2	242		939	27	2 971	5 000	31	1 569	3 002	6 569
Social mobilization and advocacy	173		24		23		345		565	1 250			565	1 250
Planning and social statistics	114		129		114		475		832	1 250			832	1 250
Emergency	110	80							110		80		190	
GRAND TOTAL	15 212	2 701	972	17	1 127	5	5 590	227	22 901b/	25 000	2 950	16 569 c/	25 851	41 569

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.
b/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.
c/ Of this amount, $14 483 761 remains unfunded.

Table 3. Planned expenditure, 1996-2000

(In thousands of United States dollars)

Country: MYANMAR **Period covered: 1996 - 2000**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health	GR	2 600	2 600	2 600	2 600	2 600	13 000
	NSF	2 170	2 170	2 240	2 230	2 190	11 000
Water supply and sanitation	GR	1 260	1 260	1 260	1 260	1 260	6 300
	NSF	1 500	1 500	1 500	1 500	1 500	7 500
Education	GR	1 280	1 280	1 280	1 280	1 280	6 400
	NSF	700	1 000	1 100	1 300	900	5 000
Children in especially difficult circumstances	GR	300	300	300	300	300	1 500
Social mobilization and advocacy	GR	430	430	430	430	430	2 150
Planning and social statistics	GR	630	630	630	630	630	3 150
TOTAL	GR	6 500	6 500	6 500	6 500	6 500	32 500
	NSF	4 370	4 670	4 840	5 030	4 590	23 500
GRAND TOTAL		10 870	11 170	11 340	11 530	11 090	56 000

GR = General resources.
NSF = New programmes for supplementary funding.